
2006 Exhibit 1: Continuum of Care (CoC) Application

U.S. Department of Housing and Urban Development

Office of Community Planning and Development

OMB Approval No. 2506-0112
(exp. 3/31/2009)

The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public reporting burden for this collection of information is estimated to average 170 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the Continuum of Care Homeless Assistance application does not request the submission of such information.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

Previous versions obsolete

form **HUD-40090-1**
(4/2006)

2006 Continuum of Care Application: Exhibit 1

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Instructions for *Selected Sections* of the 2006 Exhibit 1: Continuum of Care Application

In the 2006 NOFA, extra instructions for selected charts have been placed in this initial section. Not all sections will have separate instructions; the instructions below provide additional direction for CoC Charts I, K, M, Q, R, T, V, and X.

I. CoC Housing Inventory Charts Instructions

This chart consists of three housing inventory charts—for emergency shelter, transitional housing, and permanent supportive housing. Note that the information in these charts should reflect a point-in-time count. For each chart, the beds listed under the new section “New Inventory in Place in 2005” should indicate all beds, HUD-funded or not, that became available for occupancy for the first time between February 1, 2005 to January 31, 2006.

Please provide information on each project (Current and Under Development) as of the date of your point-in-time Housing Inventory Survey.

- **Provider Organization Name:** Self-explanatory.
- **Facility Name:** Self-explanatory.
- **HMIS Participation Code:** Enter one of the following codes that most accurately reflects the client level data submitted to the HMIS, either via direct data entry or data integration conducted at least annually.

Codes for programs **participating in HMIS** and required to collect the Universal Data Elements

- 1 – At least 90% of the universal data elements for **75%+** of the clients served
- 2 – At least 90% of the universal data elements for less than 75% of the clients served
- 3 – Less than 90% of the universal data elements for **75%+** of the clients served
- 4 – Less than 90% of the universal data elements for less than 75% of the clients served

Codes for programs **participating in HMIS** and required to collect the Universal and Program-Specific Data Elements

- 5 – At least 90% of the universal & program data elements for **75%+** of the clients served
- 6 – At least 90% of the universal & program data elements for less than 75% of the clients served
- 7 – Less than 90% of the universal & program data elements for **75%+** of the clients served
- 8 – Less than 90% of the universal & program data elements for less than 75% of the clients served

Codes for programs **NOT participating in HMIS**

- P** – Not yet participating, but will begin participating by July 1, 2007.
- N** – Will not participate in HMIS (non-HUD funded)
- F** – HUD funded will not participate in HMIS

- **Number of Year-Round Beds in HMIS:** Enter the number of year-round individual beds (Ind.) and number of year-round family beds (Fam.) that are covered by the HMIS. A bed is “covered” if the provider is entering data about the clients served by that bed. If an agency is only reporting data for clients staying in a portion of its beds, then only that portion of the beds should be counted as “covered” by HMIS. These numbers should be consistent with the participation code and should not exceed the total number of beds provided in each project, as reported in the subsequent columns in this table.
- **Geo Code:** Indicate the 6-digit Geographic Area Code (Geo Code) for the project, found on HUD’s web site at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. Where there is only one geographic code for the Continuum, check the box and indicate that code in the row for the first project only. If the project is located in multiple jurisdictions, select the jurisdiction where the majority of the provider’s inventory is located.

- **Facility Target Population A:** Select the code that best represents your project: **SM**= only Single Males (18 years and older); **SF**= only Single Females (18 years and older); **SMF**= only Single Males and Females (18 years and older with no children); **FC**= only Families with Children; **YM**= only unaccompanied Young Males (under 18 years); **YF**= only unaccompanied Young Females (under 18 years); **YMF**= only unaccompanied Young Males and Females (under 18 years); **M**= mixed populations. Only one code should be used per facility. If more than one group is served, use the **M**=mixed populations code.
- **Facility Target Population B:** Indicate whether the project serves these additional characteristics: **DV**= only Domestic Violence victims; **VET**= only Veterans, and **HIV**= only persons with HIV/AIDS.
- **Year-Round Family Units:** Enter the number of units that the project set-aside for serving families.
- **Year-Round Family Beds:** Enter the number of beds that are contained in family units.
- **Year-Round Individual Beds:** Enter the number of beds that are serving individuals. For the Permanent

Supportive Housing Chart only (both Current and Under Development Inventories), indicate first the total number of individual beds, then the estimated number of those beds designated for CH individuals or occupied by persons who met the definition of chronic homelessness at the time of placement into PSH beds. (Example: 115/5 indicates that there are a total of 115 PSH beds for individuals in the COC, 5 of which are designated for or occupied by a CH person.)

- **Total Year-Round Beds:** The number of family beds in (column “Family Beds”) **plus** the number of beds for individuals (column “Individual Beds”).
- **Other Beds (Emergency Shelters Chart Only):** Emergency shelters are usually structures with year-round beds, but there are structures with seasonal beds that are made available to homeless persons during particularly high-demand seasons of the year, usually wintertime. In addition, projects may have overflow capacity that includes cots or mats in addition to permanent bed capacity that is not ordinarily available but can be marshaled when demand is especially great, for example, on the coldest nights of the year. Vouchers (hotel/motel arrangements) are to be identified as overflow beds. The total number of year-round, seasonal and overflow beds would provide a point-in-time snapshot of the housing inventory for homeless people at its highest point in the year.
 - **Seasonal Beds:** The number of beds made available to individuals and families on a seasonal basis.
 - **Overflow Beds:** The number of beds, mats or spaces or vouchers that are made available on a very temporary basis.
- **Current Inventory:** List all Provider Organization Names and Facility Names (Project Names), including voucher programs, that are currently operating. Add rows as needed.
- **New Inventory in Place in 2005:** Fill out each column for providers and facilities that supplied new beds during the period of February 1st, 2005 to January 31st, 2006 (for example, on the Emergency Shelter Chart, enter only new emergency shelter beds). Add rows as needed.
- **Under Development:** List all the projects that are fully funded but are not yet serving homeless people. Indicate the anticipated occupancy date for project. Add rows as needed.
- **Unmet Need:** Use the HUD Unmet Need Formula to calculate the values in this row. This formula can be found on the “Worksheet for Calculating Unmet Need,” provided in the Questions and Answers Supplement to the 2006 NOFA.

K: CoC Homeless Population and Subpopulations Chart Instructions

Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Include Hurricane Katrina evacuees in Parts 1 and 2.

Sheltered Homeless. Count adults, children and unaccompanied youth residing in shelters for the homeless. “Shelters” include all emergency shelters and transitional shelters for the homeless, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless. Do not count: (1) persons who are living doubled up in conventional housing; (2) formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other

permanent housing units; (3) children or youth, who because of their own or a parent's homelessness or abandonment, now reside temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and (4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

Unsheltered Homeless. Count adults, children and youth sleeping in places not meant for human habitation. Places not meant for human habitation include streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g. subway tunnels, railroad car), all-night commercial establishments (e.g. movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places. For more information on unsheltered enumeration techniques please refer to 'A Guide to Counting Unsheltered Homeless People' available at: www.hud.gov/offices/cpd/homeless/library/countinghomeless/index.cfm

Part 3: Hurricane Katrina Evacuees. Complete the chart only if evacuees from Hurricane Katrina have relocated to your CoC. Check the appropriate box to indicate whether the data in this section comes from a point-in-time count taken after Hurricane Katrina (September 1, 2005 or later) or whether the information is based on a reasonable estimate. In either case, please answer the following two questions to the best of your ability:

1. **Total number of Katrina evacuees:** enter the current number of evacuees who are residing in sheltered or unsheltered locations.
2. **Of this total, enter the number of evacuees homeless prior to Katrina:** of the total number of sheltered and unsheltered evacuees entered in question 1, enter the number who were homeless before Hurricane Katrina.

M: CoC Homeless Management Information System (HMIS) Charts Instructions

Instructions for Chart M-4: Client Records

If providers share basic client identifiers with each other (for example, in order to search for existing client records during initial intake), the duplicated and unduplicated counts may be the same. If basic client identifiers are not shared with other providers during the client search process, then the **duplicated count** represents the sum of all client records entered by each provider, and the **unduplicated count** represents the total number of clients served within the CoC after duplicates between agencies are eliminated.

Instructions for Chart M-5: HMIS Participation

Answer all parts of this question as of the date of application submission.

- a) **Definition of HMIS Participation:** Participation in HMIS means that client-level data, including the universal and, when required, the program specific data elements, is submitted to the HMIS either through direct data entry or data integration on at least an annual basis.
- b) **Definition of Bed Coverage:** If the CoC has already achieved 75% bed coverage in a specific category, please record the approximate month/year that this occurred. If the CoC has not yet achieved 75% bed coverage in a specific category, please provide the month/year that the CoC anticipates that 75% bed coverage will be achieved.

The responses to this question should be consistent with the detailed program information recorded in the Housing Inventory Chart. A bed is "covered" if the provider is entering data about the clients served by that bed. If an agency is only reporting data for clients staying in a portion of its beds, then only that portion of the beds should be counted as "covered." Bed coverage is

calculated by dividing the number of “covered” beds by the total number of beds in that category. For example, if a CoC has two programs that each operate 50 emergency shelter beds and only one of the providers enters client data, then the current emergency shelter bed coverage is 50%.

Q: CoC Project Priorities Chart Instructions

A CoC should enter all projects to be included for consideration of Continuum of Care competitive funding. There should be only one project per line. The projects that the CoC ranks as higher priorities will receive the most points under the “Need” criterion. If you do not provide a Project Priorities Chart in Exhibit 1, all proposed projects may lose up to 30 points of the 40-point Need total. Projects submitted in response to the 2006 NOFA should fill unmet needs identified as priorities for funding as determined by your CoC’s unmet need analysis. Please place all Shelter Plus Care renewal projects in the bottom section of the chart (section 9), continuing the same numbering sequence. Shelter Plus Care renewals are not “prioritized” with the other projects because they are being funded non-competitively and therefore do not count against the CoC’s pre-determined pro rata need.

- Line 1:** Enter the HUD-defined CoC Name and CoC Number. HUD-defined CoC names & numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm
- Column (1):** Enter the legal name of the Applicant as listed on the SF-424. The Applicant is the organization that submits the SF-424 and becomes the grantee if the project is selected for funding. The Applicant is responsible for the overall management of the grant.
- Column (2):** Enter the name of the organization that will carry out the project. Repeat the name of the Applicant if it is the same organization. This organization is the Project Sponsor.
- Column (3):** Enter the name of the project. This name should be unique enough as not to confuse it with other projects in the CoC.
- Column (4):** This column contains the numeric priority that the CoC has assigned to each project. This column has been pre-filled, with number 1 as the highest priority and number 10 as lowest. Expand this chart and add numbers as needed. Place all Shelter Plus Care renewal projects in the bottom section of the CoC Priorities Chart (section 9), continuing the same priority numbering sequence (do not restart from 1).
- Column (5):** Enter the amount being requested for each project. The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priority list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart. For all Shelter Plus Care and SRO projects enter the most current fair market rents (FMRs) available at the time the NOFA is released. The requested subsidy cannot exceed current FMR unless a PHA Letter or Exception Rent approval letter is submitted with the application. Unless otherwise noted in Exhibit 2 for the project, the actual FMRs used in calculating your grant will be those in effect at the time the grants are approved, which may be higher or lower than FMRs previously entered.
- Column (6):** Enter the requested term of your project in years.
- Column (7):** Enter the program type and component of each project. Codes for program type and project components are: **SHP new and renewal**: Transitional Housing (**TH**), Permanent Housing for Homeless Persons with Disabilities (**PH**), Supportive Services Only (**SSO**), Safe Haven/transitional (**SH-TH**), Safe Haven/permanent (**SH-PH**), Homeless Management Information Systems (**HMIS**). **Shelter Plus Care new and renewal**—Tenant-based Rental Assistance (**TRA**), Sponsor-based Rental Assistance (**SRA**), Project-based Rental Assistance (**PRA**), Project-based Rental Assistance with Rehabilitation (**PRAR**), and Section 8 Moderate Rehabilitation Single Room Occupancy (**SRO**).
- Subtotal (8):** Fill in the subtotal of the requested amounts for all the competitively-funded projects in the chart above—SHP new, SHP renewal, S+C new, and SRO.
- Column (9):** Enter information for Shelter Plus Care (S+C) Renewals only. They are not prioritized with the other projects because they are funded non-competitively. For the Shelter Plus Care Renewals

priority number, please continue project numbering from the top portion of the chart – please do not restart S+C project priority numbering from 1.

- Subtotal (10):** Fill in the subtotal of the requested project amounts for all Shelter Plus Care Renewal projects.
- Total (11):** Add up Subtotals (8) and (10) and enter this number in row (11), the total requested amount. (If multiple pages are being submitted, provide only a grand total at the end of the last page.)

R: CoC Pro Rata Need (PRN) Reallocation Chart Instructions

(Only for Eligible Hold Harmless CoCs)

CoCs that receive the Hold Harmless PRN amount may choose to reduce or eliminate one or more of the SHP grants eligible for renewal in the 2006 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These new project(s) may be for SHP, S+C, and Section 8 SRO projects and their respective eligible activities.

The purpose of this chart is to assist Continuums eligible for Hold Harmless PRN to identify: 1) the PRN funds the CoC is making available for reallocation through the reduction or elimination of project(s) eligible for renewal; and 2) the amount transferred to the new permanent housing project(s) created for the 2006 competition.

Questions 1, 2, and 3: Self-explanatory.

Questions 4 and 5:

Column (1): Enter the project number of each expiring SHP grant that will be reduced or eliminated.

Column (2): Enter the program code of the grant to be reallocated.

Column (3): Enter the component of the grant to be reallocated.

Column (4): Enter each grant's Annual Renewal Amount. Verify these amounts with your HUD Field Office. **Note:** Annual Renewal Amounts include the previously awarded administration funds; therefore no additional administration funds may be requested.

Column (5): Enter the amount that will be reduced from each grant's one-year amount.

Column (6): Enter any retained amount from the existing grant by subtracting the amount in Column (5) from the amount in Column (4). Any remaining amount in Column (6) can be renewed in the 2006 competition.

Line (7): Total the amounts in Columns (4), (5) and (6).

Column (8): Enter the 2006 priority number given to each new project being created.

Column (9): Enter the PH program of the newly created project. (SHP, S+C or Section 8 SRO)

Column (10): Enter the component of the newly created project (PH, SH-ph, SRA, TRA, PRA, PRAR, SRO).

Column (11): Enter the amount(s) being transferred from Column (5) for the respective project(s) identified in Column (5). **Note:** To insure that the CoC has completed this process correctly, the Total of Column (11) cannot exceed the total of Column (5).

Advisory Warning: According to the CoC competitive process, a CoC that scores below the initial funding line will not have the new projects on this chart funded. As such the reallocated funds that had been used for renewals would no longer be available to the CoC.

T: CoC Current Funding and Renewal Projections Chart Instructions

Supportive Housing Program (SHP):

All SHP Funds Requested (Current Year): Competitive (new and renewal) SHP Projects

The CoC must enter the total amount of new and renewal funds sought for 2006 in the row for each type of Supportive Housing Project—all transitional housing projects, all Safe Haven-TH projects, etc.

These are the projects that the CoC has ranked within the higher of (1) Initial Pro Rata or (2) the Hold Harmless Renewal Amount, and therefore will receive 40 need points.

SHP Renewal Projections

The CoC must estimate the total dollars for renewal projects that it expects to fund in each of the years from 2007 to 2011, based upon CoC estimates of when existing projects in 2006 and earlier will come due for renewal. This exercise asks that your CoC assume the following conditions:

- That the rules and amount applicable to Initial Pro Rata Need for the 2006 competition will stay the same for the next five years;
- That the rules applicable to Hold Harmless Renewal for the 2006 competition will stay the same for the next five years; and
- That no new funding will be added in the next five years to fund any new SHP projects.

Shelter Plus Care (S+C):

All S+C Funds Requested (Current Year): Competitive S+C Projects and Non-Competitive 1-year S+C Renewals

The CoC must add up the number of units and the amount of funding sought for 2006 for each apartment type, for all new and 1-year renewal S+C projects. That is, the CoC should tally the total anticipated funding for all new and renewal 0-bedroom units, all 1-bedroom units, etc. that it seeks to have funded in 2006.

S+C Renewal Projections

The CoC must obtain, from grantees, information on S+C grants expiring or those extended and running out of funds, in each applicable year between 2007 and 2011. For each year, the renewal projection chart requires the total number of S+C units to be renewed by bedroom size and corresponding Fair Market Rent (FMR). The CoC should start with the base year of the 2006 actual renewal amounts. It should complete the 2007 projection by counting the units expiring or estimated to run out of funds by 2008. For each succeeding year from 2007 to 2011, the CoC should continue to list the expiring units by bedroom size, using the applicable FMR from 2006 to complete the amount of funding anticipated in each year.

For 2007-2011, the CoC shall estimate that first time expirations are those grants that were awarded initial funds six years prior. For example, for 2008 projections, the CoC should enter projects with an initial five-year term effective in 2004 and expiring in 2009, which were awarded funds in 2003. It should also report future bedroom size distribution based on the current distribution. For CoCs with multiple FMR area amounts, use the highest FMR for each bedroom size.

V: CoC Chronic Homeless (CH) Progress Chart Instructions

HUD must track each CoC's progress made toward the Administration's goal of ending chronic homelessness. Complete the chart below, indicating for each year the total unduplicated point-in-time count of the chronically homeless and the number of existing and new permanent beds from all funding sources targeted to house the chronically homeless.

A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or

in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

The CoC Chronic Homeless (CH) Progress Chart asks your Continuum to track changes in the number of chronically homeless and beds available, and to identify the cost of new beds for the chronically homeless. A point-in-time count of sheltered and unsheltered persons is not required in 2006.

(1) Number of CH Persons: Enter the number of CH persons in your CoC. Please use the data provided in your 2004 through 2006 Homeless Population and Subpopulations Charts for the number of chronically homeless individuals. **Note:** The number given for 2006 in column (1) would only differ from the 2005 number if your Continuum completed a street count in 2006. Otherwise, for 2006 use the same number as in 2005 in this column.

(2) Number of PH Beds for the CH: The number you enter here should represent the total number of permanent housing beds in the CoC and should come from the January 2006 count (should reflect numbers given in the Housing Inventory Chart). Please use the data provided in your 2004 through 2006 Housing Activity/Inventory Charts and, to the extent necessary, estimates for 2004 through 2006.

(3) New PH beds for the CH between February 1, 2005 and January 31, 2006: This number should indicate the number of new beds that became available for occupancy during this time period. This should equal the difference between the value in column (3) for 2006 and the value in column (3) for 2005, as shown in the example.

(4) Identify the cost of the new CH beds from each funding source. Sources should be designated based on the appropriation level. For example, federally appropriated funds, such as HOME, CDBG, ESG, etc. should be identified as Federal even though they may pass through a state or local government. For programs such as Medicaid, which are funded by federal *and* state governments, identify the amount from each source.

X: Mainstream Programs and Employment Project Performance Chart

Instructions

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services and, especially, to those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart complete the following:

Column (1): Number of Adults Who Left. For each SHP and S+C renewal being submitted in this year's competition, use APR **Question 2C** (Number who left the program during the operating year). For **each** APR, add the Number of Singles Not in Families and the Number of Adults in Families. The total represents the number of adults who exited the project during the operating year. Add the totals from each renewal's APR to get the total number of adults in the CoC who left these projects during the operating year.

Column (2): Income Source. Income sources are from the APR Question 11.

Column (3): Number of Exiting Adults with Source of Income. Using the information in each project's APR Question 11D (Income Sources at Exit), add the total number of adults who, upon exiting the project, had each source of income.

Column (4): Percent with Income at Exit. Divide Column 3 by Column 1, then multiply by 100 and round to the nearest first decimal place (e.g. 38.1%).

Part I: CoC Organizational Structure

HUD-defined CoC Name:*	CoC Number*
North Central Nebraska Continuum of Care	NE 500
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization: City of Grand Island		
CoC Contact Person: Joni Kuzma		
Contact Person's Organization Name: City of Grand Island		
Street Address: 100 E. 1st St.		
City: Grand Island	State:NE	Zip: 68801
Phone Number: 308-385-5444, 248	Fax Number: 308-385-5423	
Email Address: jkuzma@grand-island.com		

CoC-A

B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. List the name and the six-digit geographic code number for **every** city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping CoC systems.

Geographic Area Name	6-digit Code
Blaine County	319009
Boone County	319011
Boyd County	319015
Brown County	319017
Cherry County	319031
Colfax County	319037
Custer County	319041
Garfield County	319071
Greeley County	319077
Hall County	319079
Hamilton County	319081

Geographic Area Name	6-digit Code
Holt County	319089
Howard County	319093
Keya Paha County	319103
Loup County	319115
Merrick County	319121
Nance County	319125
Platte County	319141
Rock County	319149
Sherman County	319163
Valley County	319175
Wheeler County	319183

CoC-B

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under “CoC Primary Decision-Making Group,” identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate frequency of meetings and the number of organizations participating in each group. Under “Other CoC Committees, Sub-Committees, Workgroups, etc.” you should include any established group that is part of your CoC’s organizational structure (add rows to the chart as needed). Please limit your description of each organization’s role to 2 lines or less.

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
Example: CoC Primary Decision-Making Group						
Name:	River County Continuum of Care Executive Committee	X				5
Role:	This group meets to address current issues, set agendas for full CoC meetings, and determine project priorities.					
COC Primary Decision-Making Group (list only one group)						
Name:	North Central Continuum of Care					59
Role:	To address needs of near homeless, homeless and chronically homeless persons in the 22-county North Central Nebraska region					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Housing Committee					5
Role:	Research housing options; alternative programs and collaborative opportunities; evaluate regional housing needs					
Name:	Data Collection Committee					7
Role:	Coordinate Point in Time survey; assess numbers of homeless; identify service gaps; assess reporting accuracy of non-English speaking residents; coordinate HMIS reporting efforts					
Name:	Membership Committee					6
Role:	Increase member representation and diversity; recruit members for broad representation; review & update policies; create & distribute membership packets					
Name:	Education & Advocacy Committee					5
Role:	Improve communication among homeless and chronic homeless service providers; provide homeless education to community; address organizational policies that adversely impact homeless persons in regard to discharge planning, cultural diversity, access to services and other relevant life needs.					

D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2006 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For “Homeless Persons,” identify at least 2 homeless or formerly homeless individuals.

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	1. Nebraska Department of Economic Development, Pat Compton	1. Statewide	1. Homeless	1. LMI residents
	2. Health & Human Services, Carol Bennett	2. Hall, Hamilton, Howard & Merrick Counties	2. Women with children	2. Youth
	3. Veteran’s Administration, Janelle Brock & Joe Heatherly	3. Statewide	3. VET	3. Single Adults (SA)
	4. Vocational Rehabilitation, Terry Wegner & Judy Vohland	4. Hall, Hamilton, Howard, Merrick, & Greeley Counties	4. SMI	4. Persons w/ any significant disability
	5. UNL Extension, Sondra Barreras	5. Hall, Hamilton, Howard & Merrick Counties	5. Y	5. Women w/ Children
	6. Health & Human Services, Bob Thomas	6. Holt & Boyd Counties	6. Youth	6. Women with children
	7. USDA Rural Development, Gretchen Holiday	7. Blaine, Boyd, Brown, Cherry, Garfield, Holt, Keya Paha, Loup, Rock & Wheeler Counties		
	8. UNL Cooperative Extension, LaDonna Werth	8. Holt County		
	9. Health & Human Services, Jean Chicoine	9. Statewide		
	LOCAL GOVERNMENT AGENCIES			

1. City of Grand Island, Joni Kuzma 2. City of Grand Island, Marsha Kaslon 3. City of O'Neill, Nikki Johnston 4. Anne Fritz, North Central District Health Dept. 5. Dru Keating, East Central District Health Dept.	1. Grand Island, NE 2. Grand Island, NE 3. Holt County 4. Holt, Boyd, Brown, Rock, Keya Paha, Cherry Counties 5. Platte, Colfax, Boone & Nance Counties	1. LMI populations 2. LMI populations 3. 4. HIV/AIDS 5. HIV/AIDS	 4. Women with children 5. Women with children
PUBLIC HOUSING AGENCIES			
1. Broken Bow Housing Authority, Cheryl Smith 2. Hall County Housing Authority, Rick Ruzicka 3. Central Nebr. Joint Housing Authority, Judy Hughes 4. Region 3 Behavioral Health Services Housing Assistance Program, Denise Anderson	1. Custer County 2. Hall County 3. 22 counties 4. Holt, Blaine, Loup, Garfield, Wheeler, Custer, Valley, Greeley, Sherman, Howard, Merrick, Hall & Hamilton Counties	1. Elderly 2. SMI 3. SMI 4. SMI	1. Women with children 2. 3. 4.
SCHOOL SYSTEMS / UNIVERSITIES			
1. Grand Island Public Schools, Verna Haberman 2. Broken Bow schools, Joyce Richardson 3. Central Community College, Sonya Keopanya 4. Developing Eagles After School Program, Camile Ohn	1. Hall County 2. Custer County 3. Central Nebraska 4. Holt & Boyd Counties	1. Homeless 2. Y 3. Y 4. Y	1. Y
LAW ENFORCEMENT / CORRECTIONS			
1. Grand Island Police Department, Officer Trent Hill 2. Hall County Corrections, Todd Kool	1. Hall County 2. Hall County	1. Homeless 2. Y	
LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
Workforce Development, Columbus	Platte County		
OTHER			

PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	1. Central Nebraska Community Services, Cheryl Holcomb	1. 22 counties in North Central Nebraska	1. SA	1. DV
	2. Hope Harbor, Cindi Preisendorf/TaLana Chamberlain	2. Hall County		
	3. Columbus Central Nebraska Community Services, Keli Forney	3. Platte County	2. DV 3. Y	2. SA 3. SA
	4. Goodwill Industries of Greater Nebraska, Tammie Blaha & Ronda Wagner	4. 54 Counties of Greater Nebraska	4. SMI	4. SA
	5. Central Nebraska Council on Alcoholism, Connie Cosgrove	5. Hall, Hamilton, Howard & Merrick Counties	5. SA	5. Y
	6. Central Nebraska Community Services, Central City, Angie Lane	6. Merrick, Nance, Hamilton Counties	6. Women w/ children	6. SA
	7. The Crisis Center, Inc., Shellie Pointer, Tim Rogers	7. Hall Hamilton, Howard, Merrick Co.	7. DV	7.
	8. Grand Island Central Nebraska Community Services, Heather Cline-Ford	8. Hall & Howard Co	8. DV	8. SA
	9. O'Neill Central Nebraska Community Services, Michele Jarman	9. Holt & Boyd Co.	9. SA.	9. DV
	10. Prairie Pioneer, Nancy Harold	10. Custer County	10. Elderly	10.
	11. Bright Horizons, Linda Olson	11. Holt & Boyd Co	11. DV	11.
	12. American Red Cross, Jan Zurcher	12. Platte County	12.	12.
	13. Simon House, Columbus, Patsy Konecky	13. Platte County	13. DV	13. SMI
	14. Crisis Navigators, Columbus	14. Platte County	14. SA	14. SMI
	15. Catholic Charities, Columbus, Steve Johnson	15. Platte County	15. DV	15. SMI
	16. Broken Bow Central Nebraska Community Services, Donna Lawson	16. Custer, Loup, Blaine Counties	16. SMI	16. SA
	17. Cedars Home, Suellen Koepke	17. Custer, Blaine, Sherman, Valley, Garfield, Loup County	17. DV	17. Y
	18. Girl Scouts, O'Neill, Linda Luther	18. Boyd County	18. Y	18.
	FAITH-BASED ORGANIZATIONS			
	1. Salvation Army, Capt. Jeff Richardson	1. Hall County	1. SA	1. SMI
	2. Salvation Army, Betty Zelasney	2. Platte County	2. SA	
	3. Youth For Christ, Darla Meyer	3. Platte County	3. Y	
	4. Catholic Daughters, Pat Fagan	4. Custer County	4.	
	5. St. Vincent DePaul, Judy Puetz	5. Platte County	5. Women w/ children	
	6. St. Leo Community Outreach, Donna Douglas	6. Hall County	6.	
	FUNDERS / ADVOCACY GROUPS			
	1. Heartland United Way, Karen Rathke	1. Hall County	1. DV	2. Y
	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			

1. Nebraska Legal Services, Ryan Gilbride 2. Platte County General Assistance 3. Heartland Counseling, Leanne Fox 4. Counseling & Enrichment Center, Jackie Meyer & Bonnie Hines 5. Mental Health private practice, Mark Boysen	1. Statewide 2. Platte County 3. Holt County 4. Holt County 5. Hall County	1. DV 2. Women w/ Children 3. SMI 4. SMI 5. Y	1. SA 2. 3. SA 4. SA 5. SMI
HOSPITALS / MEDICAL REPRESENTATIVES			
1. Saint Francis Medical Center, Diana Wing, Parish Nurse program 2. Mid-plains Behavioral Health, Trish Fradd 3. Saint Francis Medical Center, Jami Shoop, Bill Brennan	1. Hall County 2. Hall County 3. Hall County	1. 2. SMI 3.	1. 2. Y 3.
HOMELESS PERSONS			
1. Amy Lammers 2. Pat Bell	1. Hall County 2. Hall County		
OTHER			

***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), CoC-D HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

E: CoC Governing Process Chart

HUD is moving toward providing greater definition and setting standards on the governing process of Continuums of Care. Check the box for each question below, and explain briefly if necessary.

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	X	<input type="checkbox"/>
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain. <i>The primary decision-making entity for the North Central Regional CoC is comprised of service providers who work with consumers, know what consumer interests are and can identify the issues consumers face.</i>	<input type="checkbox"/>	X
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.	X	<input type="checkbox"/>
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain.	X	<input type="checkbox"/>

<p>5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.</p> <p><i>New by-laws were adopted by the Regional Continuum in January 2006. The By-laws will be amended in the next fiscal year to add a Code of Conduct specific to the CoC.</i></p>		X
<p>6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.</p>	X	
<p>7. Does the CoC have a fiscal agent designated to receive funds from HUD?</p>	X	<input type="checkbox"/>
<p>8. If your Continuum has not yet complied with any of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition.</p>		

CoC-E

F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in 2006 to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

1. Open Solicitation			
a. Newspapers	<input type="checkbox"/>	e. Outreach to Faith-Based Groups	<input type="checkbox"/>
b. Letters to CoC Membership		f. Announcements at CoC Meetings	X
c. Responsive to Public Inquiries	<input type="checkbox"/>	g. Announcements at Other Meetings	X
d. Email CoC Membership/Listserv	X		
2. Objective Rating Measures and Performance Assessment			
a. CoC Rating & Review Committee Exists	X	j. Assess Spending (fast or slow)	X
b. Review CoC Monitoring Findings	<input type="checkbox"/>	k. Assess Cost Effectiveness	X
c. Review HUD Monitoring Findings	<input type="checkbox"/>	l. Assess Provider Organization Experience	X
d. Review Independent Audit	<input type="checkbox"/>	m. Assess Provider Organization Capacity	X
e. Review HUD APR	X	n. Evaluate Project Presentation	X
f. Review Unexecuted Grants	<input type="checkbox"/>	o. Review CoC Membership Involvement	X
g. Site Visit(s)	X	p. Review Match	X
h. Survey Clients	X	q. Review Leveraging	X
i. Evaluate Project Readiness	<input type="checkbox"/>		
3. Voting/Decision System			
a. Unbiased Panel / Review Committee	<input type="checkbox"/>	e. All CoC Present Can Vote	X
b. Consumer Representative Has a Vote	X	f. Consensus	X
c. CoC Membership Required to Vote	<input type="checkbox"/>	g. Abstain if conflict of interest	X
d. One Vote per Organization	<input type="checkbox"/>		

CoC-F

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	<input type="checkbox"/> Yes X No
If Yes, briefly describe the complaints and how they were resolved.	

CoC-G

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

Using the format below, list the provider organizations and identify the service components currently being provided within your CoC. Place the name of each provider organization only once in the first column (add rows to the chart as needed), followed by an “X” in the appropriate column(s) corresponding to the service(s) provided by the organization. CoCs will only need to update this chart every other year.

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Hope Harbor, Hall County				X					X	X					X		X	X
Grand Island Public Schools, Outreach Center, Hall County															X		X	X
Hall County Housing Authority		X																
St. Leo's Catholic Church	X	X	X													X		X
Goodwill Behavioral Health		X		X		X			X	X					X			X
Region 3 Housing Assistance		X	X															
The Salvation Army, Grand Island	X	X	X	X					X	X								
HUD		X		X		X												
Wholeness Healing Center				X		X						X			X			X
Grand Island Police Department				X	X			X		X	X				X			
WIC, Hall County						X		X					X		X			X
Senior Citizens Center				X		X				X			X		X			X
New Potentials				X		X												
Grand Island Ministerial Association	X	X	X	X		X				X	X				X			
Legal Aid of Nebraska				X	X	X									X			
Midland Area Agency on Aging				X												X	X	X
Seventh Day Adventist Church						X									X			
Vocational Rehabilitation				X	X	X	X		X	X	X	X	X		X	X		X
Central Nebraska Council on Alcoholism				X		X					X				X			
Cedars Youth Services				X		X			X	X					X	X		X
Health & Human Services, Hall, Hamilton, & Merrick Counties	X	X	X	X	X	X			X	X	X	X			X		X	
Life Line						X				X	X	X	X	X	X	X		X
Central Nebraska Community Services	X	X	X	X					X	X			X		X		X	X
Emergency Relief	X	X	X							X								X
Regional Salvation Army	X	X	X															X
Platte County	X	X	X															X
Colfax County	X	X	X															X
Boone County	X	X	X															X
Simon House	X	X	X															X
DHHS	X	X	X						X	X			X		X		X	X

CoC-H

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Legal Aide					X													
Platte County Sheriff's Dept.								X										
Colfax County Sheriff's Dept.								X										
Boone County Sheriff's Dept.								X										
Columbus Police Dept.								X										
Schuyler Police Dept.								X										
Albion Police Dept.								X										
St. Edward Police Dept.								X										
Nebraska Workforce Development									X						X	X		
ACS																X		
Staffco																X		
Center for Survivors				X	X				X	X		X			X		X	X
Catholic Charities			X						X	X	X	X	X					
Lutheran Family Services				X					X		X	X						
Alcoholics Anonymous											X							
Narcotics Anonymous											X							
D.R.A.											X	X						
Rainbow Center									X	X	X	X						X
East Central Health Dept.				X							X	X	X	X				X
G.A.P.S.										X	X							X
Youth for Christ				X					X	X					X		X	X
Platte County College															X			
Columbus Library															X			
Regional Voc Rehab				X					X	X	X	X	X		X	X		
Columbus Shelter					X				X	X								
S.O.S.											X							
Veteran's Administration	X	X	X										X					X
N.A.F.					X					X						X		X
Building Nebraska's Families										X						X		X
ARC										X			X					

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
American Red Cross															X			X
Region IV Behavioral Health					X					X	X	X						
Lutheran Church	X	X	X							X	X	X						
Chalet Apartments, Hall County		X																
Colonial Square Apartments, Hall County		X																
French Village Apartments, Hall County		X																
The Crisis Center, Inc.				X					X	X								X
CNCS-Supportive Housing Project (SHP)		X	X	X	X				X	X	X	X	X	X	X	X	X	X
Career Closet, Hall County																X		
Central Community College															X			
Adult Basic Education, Hall County															X			
Boys & Girls Town, Hall County				X							X				X			X
Court Appointed Special Advocates (CASA)				X	X													
Cairo Housing Authority		X							X	X					X			
Howard County Housing Authority		X																
Saint Francis Drug/Alcohol Treatment Center				X						X	X	X						
Families Care, Hall County				X											X			X
Doniphan Apartments, Hall County		X																
Hall County Head Start				X											X		X	X
Nebraska State Patrol								X							X			
Hall County Sheriff's Department								X										X
Howard County Sheriff's Department								X										X
Saint Francis Medical Center													X					
Central District Health Department				X									X	X	X			
Central Health Services													X					
Third City Community Clinic, Hall County													X	X	X			
UNL Cooperative Extension													X					
Birthright, Hall County											X		X					
Lion's Club													X					
Mid-Plains Center for Behavioral Health									X	X		X						

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Milne Detox Center										X	X							
Local Churches	X	X	X	X													X	X
Creighton Law					X													
Volunteer Lawyer Project					X													
Reimer Law Office					X													
Richard Young Hospital/Treatment										X	X	X						
Public Libraries @ Aurora, Central City, Fullerton															X			
Aurora Housing Authority		X																
Central City Housing Authority		X																
Lindenwood Apartments		X																
Pioneer Apartments		X																
Clarks Villa Apartments		X																
Bader Villa		X																
Park Place Apartments		X																
West View Apartments		X																
Grand Island Public Library															X			
Public Schools in all Counties															X			
Experience Works, (formerly Green Thumb)															X			
Community Help Center									X									
Family Resource Center									X	X					X			
General Assistance Central City, Aurora, and Fullerton	X	X	X															
Private Donations																		X
Senior Centers @ Aurora, Central City, Fullerton & Genoa																		X
Valley HOPE											X	X						
Food Pantries Central City, Fullerton, Genoa, Aurora			X															
Thrift Store Central City & Aurora										X								
Consumer Credit Counseling				X														
Lone Tree Medical Clinic @ Central City & Fullerton													X					
Boone County Medical Clinic @ Fullerton													X					
Memorial Health Care Clinic, Central City													X					

[illegible]

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2005 and January 31, 2006. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seas-onal	Overflow & Voucher
Current Inventory			Ind.	Fam.									
The Salvation Army	Men's Emergency Shelter	N	0	0	319079	M	SM	0	0	12	12		
Bright Horizons	Safe House	N	0	0	319089	M	DV	1	3	0	4		
Center for Sexual Assault	Safe House	N	0	0	319141	M	DV	4	12	4	20		
The Crisis Center, Inc.	Safe House	N	0	0	319079	M	DV	8	20	0	20		
Hope Harbor	Emergency Shelter	N	0	0	319079	M		2	5	5	10		
Cedars	Safe House	N	0	0	319041	M	DV	12	10	2	24		
SUBTOTALS:			0	0	SUBTOT. CURRENT INVENTORY:			27	50	23	90		
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.									
SUBTOTALS:					SUBTOTAL NEW INVENTORY:								
Inventory Under Development		Anticipated Occupancy Date											
SUBTOTAL INVENTORY UNDER DEVELOPMENT:													
Unmet Need								UNMET NEED TOTALS:					

1. Total Year-Round Individual ES Beds:	23	4. Total Year-Round Family Beds:	50
2. Year-Round Individual ES Beds in HMIS:	0	5. Year-Round Family ES Beds in HMIS:	0
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.	0	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.	0

I: CoC Housing Inventory Charts

CoC-I

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individ. Beds	
Current Inventory			Ind.	Fam.							
Central Nebraska Community Services	SHP-Supportive Housing Program	5	Scattered Site		319079	M		Scattered	Site		0
Central Nebraska Community Services	THRIVES	5	13	86	22 Counties	M		19	67	13	80
Columbus Mission		N	0	0	319141	M		4	8	17	25
The Crisis Center, Inc.		N	0	0	319079	M	DV	5	6	6	12
Bright Horizons		N	0	0	319089	M	DV	2	2	1	3
Hope Harbor		8	0	0	319079	M		21	29	18	47
SUBTOTALS:			13	86	SUBTOT. CURRENT INVENTORY:			51	112	55	167
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
SUBTOTALS:					SUBTOTAL NEW INVENTORY:						
Inventory Under Development		Anticipated Occupancy Date									

SUBTOTAL INVENTORY UNDER DEVELOPMENT:											
Unmet Need				UNMET NEED TOTALS:							
1. Total Year-Round Individual TH Beds:		167	4. Total Year-Round Family Beds:						112		
2. Year-Round Individual TH Beds in HMIS:		13	5. Year-Round Family TH Beds in HMIS:						86		
3. HMIS Coverage Individual TH Beds:		8	6. HMIS Coverage Family TH Beds:								
Divide line 2 by line 1 and multiply by 100. Round to a whole number.			Divide line 5 by line 4 and multiply by 100. Round to a whole number.						77		

I: CoC Housing Inventory Charts

CoC-I

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual /CH Beds	
Current Inventory			Ind.	Fam.							
No Permanent Supportive Housing available in this Region			0	0				0	0	0	0
SUBTOTALS:			0	0	SUBTOT. CURRENT INVENTORY:		0	0	0	0	
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
SUBTOTALS:					SUBTOTAL NEW INVENTORY:						
Inventory Under Development		Anticipated Occupancy Date									

SUBTOTAL INVENTORY UNDER DEVELOPMENT:					
Unmet Need		UNMET NEED TOTALS:		27	27
1. Total Year-Round Individual PH Beds:	0	4. Total Year-Round Family Beds:			0
2. Year-Round Individual PH Beds in HMIS:	0	5. Year-Round Family PH Beds in HMIS:			0
3. HMIS Coverage Individual PH Beds: (Divide line 2 by line 1 and multiply by 100. Round to a whole number.)	0	6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round to a whole number.)			0

*Permanent Supportive Housing is: S+C, Section 8 SRO and SHP-Permanent Housing component. It also includes any permanent housing projects, such as public housing units, that have been dedicated exclusively to serving homeless persons.

CoC-I

J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time count during the last week of January 2006.

(1) Indicate date on which Housing Inventory count was completed: _____ (01/26/2005)	
(2) Identify the <u>primary</u> method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey to providers – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	On-site or telephone housing inventory survey – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
(3) Indicate the percentage of providers completing the housing inventory survey:	
<u>95</u> %	Emergency shelter providers
<u>100</u> %	Transitional housing providers
<u>0</u> %	Permanent Supportive Housing providers
(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
	HMIS – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input checked="" type="checkbox"/>	Other – specify: State of Nebraska regional data
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input checked="" type="checkbox"/>	Local studies or data sources – specify: State of Nebraska regional data
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6) Indicate the <u>primary</u> method used to calculate or determine unmet need (check one):	
<input checked="" type="checkbox"/>	Stakeholder Discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	Calculation – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:
(7) If your CoC made adjustments to calculated unmet need, please explain how and why.	

*For further instructions, see Questions and Answers Supplement on the CoC portion of <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-J

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Complete the following chart based on the most recent point-in-time count conducted. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Include homeless Hurricane Katrina evacuees in Parts 1 and 2, and complete Part 3 if applicable. Part 3 may be completed using point-in-time information or may be estimated if no point-in-time count has been done since September 1, 2005. Completion of a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2006 is not required. The next required point-in-time count of sheltered and unsheltered homeless persons must be completed during the last week of January 2007. For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count: 01-26-2005 (mm/dd/yyyy)

Part 1: Homeless Population	Sheltered		Unsheltered	Total		
	Emergency	Transitional				
Number of Families with Children (Family Households):	29	20	23	72		
1. Number of Persons in Families with Children:	113	43	94	250		
2. Number of Single Individuals and Persons in Households without Children:	39	45	65	149		
(Add Lines Numbered 1 & 2) Total Persons:	152	88	159	399		
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total		
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i>)	12		15	27		
b. Severely Mentally Ill	1		*	1		
c. Chronic Substance Abuse	26		*	26		
d. Veterans	3		*	3		
e. Persons with HIV/AIDS	0		*	0		
f. Victims of Domestic Violence	27		*	27		
g. Unaccompanied Youth (Under 18)	23		*	23		
If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:						
Data Source: <input checked="" type="checkbox"/> Point-in-time count OR <input type="checkbox"/> Estimate						
Part 3: Hurricane Katrina Evacuees	Sheltered		Unsheltered	Total		
Total number of Katrina evacuees	5		20	25		
Of this total, enter the number of evacuees homeless prior to Katrina	0		0	0		

*Optional for Unsheltered

CoC-K

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time count conducted.

L-1: Sheltered Homeless Population and Subpopulations

(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):	
<input type="checkbox"/>	Point-in-Time (PIT) <u>no interview</u> – Providers did not interview sheltered clients during the point-in-time count
X	PIT <u>with interviews</u> – Providers interviewed each sheltered individual or household during the point-in-time count
<input type="checkbox"/>	PIT <u>plus</u> sample of interviews – Providers conducted a point-in-time count and interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input type="checkbox"/>	PIT <u>plus</u> extrapolation – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	Administrative Data – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	Other – please specify:
(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):	
X	Instructions – Provided written instructions to providers for completing the sheltered point-in-time count
X	Training – Trained providers on completing the sheltered point-in-time count
X	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input type="checkbox"/>	Other – please specify:
(3) How often will sheltered counts of sheltered homeless people take place in the future?	
X	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Other – please specify:
(4) Month and Year when next count of sheltered homeless persons will occur: _____	
(5) Indicate the percentage of providers completing the populations and subpopulations survey:	
<u> 95 </u> %	Emergency shelter providers
<u> 100 </u> %	Transitional housing providers
<u> 0 </u> %	Permanent Supportive Housing providers

CoC-L-1

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:	
<input type="checkbox"/>	Public places count – CoC conducted a point-in-time count <u>without</u> client interviews
<input type="checkbox"/>	Public places count with interviews – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	Sample of interviews – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input type="checkbox"/>	Extrapolation – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
<input type="checkbox"/>	HMIS – Used HMIS to complete the enumeration of unsheltered homeless people
X	Other – please specify: <i>Point in Time with Interviews</i>
(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction
<input type="checkbox"/>	Known locations – The CoC counted areas where unsheltered homeless people are known to congregate or live
<input type="checkbox"/>	Combination – CoC counted central areas using complete coverage and also visited known locations
X	Used service-based or probability sampling (coverage is not applicable)
(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):	
<input type="checkbox"/>	Outreach teams
X	Law Enforcement
X	Service Providers
X	Community volunteers
X	Other – please specify: churches
(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):	
X	Training – Conducted a training for point-in-time enumerators
<input type="checkbox"/>	HMIS – Used HMIS to check for duplicate information
<input type="checkbox"/>	Other – specify:
(5) How often will counts of unsheltered homeless people take place in the future?	
X	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – please specify:
(6) Month and Year when next count of unsheltered homeless persons will occur: <u>1/2007</u>	

*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques.

CoC-L-2

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

M-1: HMIS Lead Organization Information

Organization Name: Community Action of Nebraska	Contact Person: Mary Beth Rathe
Phone: 402-471-3714	Email: marybethrathe@canhelp.org
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input type="checkbox"/> Other X (Statewide Assoc.)	

CoC-M-1

M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC included in HMIS

Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
North Central Nebraska CoC	NE 500	Panhandle of Nebraska CoC	NE 505
Lincoln, Nebraska CoC	NE 502	Southeast Nebraska CoC	NE 504
Southwest Nebraska CoC	NE 503	Omaha, Nebraska/Council Bluffs, Iowa CoC	NE 501
Northeast Nebraska CoC	NE 506		

*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-M-2

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason: <input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process
05/2005			

CoC-M-3

M-4: Client Records**

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	0	0
2005	0	1,499

CoC-M-4

M-5: HMIS Participation**

a) HMIS participation by program type and funding source (please review instructions)			
Program Type	Total number of agencies	Number of agencies participating in HMIS receiving HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds
Street Outreach	2	0	2
Emergency Shelter	2	1	1
Transitional Housing	2	2	0
Permanent Supportive Housing	0	0	0
TOTALS:	6	3	3
b) Definition of bed coverage in HMIS (please review instructions)			
Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)		
Emergency Shelter (all beds)	10/2008		
Transitional Housing (all beds)	10/2008		
Permanent Supportive Housing (McKinney-Vento funded beds only)			

Challenges and Barriers: Briefly describe any significant challenges/barriers the CoC has experienced in:

1. HMIS implementation
2. HMIS Data and Technical Standards Final Notice requirements

Significant HMIS challenges and barriers include: 1) the time commitment required for data entry and program management, 2) Release of Information issues across organizations and lack of direction from the Federal government regarding DV service providers, 3) HMIS system glitches that result in the system being down for days at a time

**For further instructions on charts M-4 and M-5, see Instructions section at the beginning of application.

CoC-M-5

M6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

1. Training Provided (check all that apply)	YES	NO
Basic computer training	<input type="checkbox"/>	X
HMIS software training	X	<input type="checkbox"/>
Privacy / Ethics training	X	<input type="checkbox"/>
Security Training	X	<input type="checkbox"/>
System Administrator training	X	<input type="checkbox"/>
2. CoC Process/Role		
Is there a plan for aggregating all data to a central location, at least annually?	X	<input type="checkbox"/>
Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?	X	<input type="checkbox"/>
3. Data Collection Entered into the HMIS		
Do all participating agencies submit universal data elements for all homeless persons served?	X	<input type="checkbox"/>
Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS?	X	<input type="checkbox"/>
4. Security: Participating agencies have:		
Unique username and password access?	X	<input type="checkbox"/>
Secure location?	X	<input type="checkbox"/>
Locking screen savers?	X	<input type="checkbox"/>
Virus protection with auto update?	X	<input type="checkbox"/>
Individual or network firewalls?	X	<input type="checkbox"/>
Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)?	X	<input type="checkbox"/>
5. Security: Agency responsible for centralized HMIS data collection and storage has:		
Procedures for off-site storage of HMIS data?	X	<input type="checkbox"/>
Disaster recovery plan that has been <u>tested</u> ?	X	<input type="checkbox"/>
6. Privacy Requirements		
Have additional State confidentiality provisions been implemented?	X	<input type="checkbox"/>
Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?	X	<input type="checkbox"/>
Does each participating agency have a written privacy policy, including the uses and disclosures of information	X	<input type="checkbox"/>
Does each participating agency have a privacy policy posted on its website (if applicable)?	X	<input type="checkbox"/>
7. Data Quality: CoC has protocols for:		
Client level data quality (i.e. missing birth dates etc.)?	X	<input type="checkbox"/>
Program level data quality (i.e. data not entered by agency in over 14 days)?	X	<input type="checkbox"/>
Assessing CoC bed coverage (i.e. % of beds)?	<input type="checkbox"/>	X
8. Unduplication of Client Records: CoC process:		
Uses data in the HMIS exclusively to generate unduplicated count?	X	<input type="checkbox"/>
Uses data integration or data warehouse to generate unduplicated count?	X	<input type="checkbox"/>

CoC-M-6

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Please provide local action steps and measurable achievements for attaining each of the 5 national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. In the column labeled "Lead Person," please list one individual that is responsible for ensuring that the objective is met. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2007 application.

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
<i>EXAMPLE: 1. Create new PH beds for chronically homeless persons.</i>	<i>1. Expand New Hope Housing project with 5 new TRA S+C beds for chronically homeless persons</i>	<i>5 beds</i>	<i>20 beds</i>	<i>50 beds</i>	<i>Carol Smith: Chair, CoC Housing Committee</i>
1. Create new PH beds for chronically homeless persons.	1. Research Shelter + Plus Care program feasibility, requirements and funding through SuperNOFA for region 2. Research best practices in regions of comparable size and population 3. Contact current Shelter+Plus Care program providers for implementation guidance (i.e. Omaha, NE) 4. Work with eligible applicants in formulation of a plan for PH 5. Prepare for submission of a PH application for 2007 SuperNOFA 6. Pilot a PH project in 2007	Apply for Shelter + Plus Care funding	6 beds	10 beds	Tammie Blaha, Chair, CoC Housing Committee
2. Increase percentage of homeless persons staying in PH over 6 months to 71%	1. Work with eligible applicants in formulation of a plan for PH 2. Prepare for submission of a PH application for 2007 SuperNOFA 3. Pilot a PH project in 2007	Apply for Shelter + Plus Care funding	6 beds	10 beds	Tammie Blaha, Chair, CoC Housing Committee
3. Increase percentage of homeless persons moving from TH to PH to 61%					
4. Increase percentage of homeless persons becoming employed by 11%	1. Track employment income of client at time of entry & exit 2. Track referrals to employment services	11% increase	15% increase	20% increase	Tammie Blaha, Chair, CoC Housing Committee

5. Ensure that the CoC has a functional HMIS system.	<ol style="list-style-type: none"> 1. Accurately reflect numbers of homeless and chronic homeless persons in the region 2. Increase number of HMIS users 3. Research accuracy of reported numbers of non-English speaking homeless and chronic homeless persons 4. Coordinate reporting efforts of HMIS users and DV agencies to better reflect unduplicated numbers 5. Research how other sparsely populated states/regions are creating accurate homeless counts 6. Research availability of funds to off-set start up costs for new HMIS users 	Add at least 1 HMIS user in Columbus, NE	Add at least 2 HMIS users in region	Add at least 2 HMIS users in region	Cheryl Holcomb, Chair, Data Collection Committee
Other CoC Objectives in 2006					
1. Improve collaborations between Behavioral Health and the CoC	1. Research collaborative opportunities between Behavioral Health and the CoC to better meet the mental health needs of homeless and chronic homeless	Contact Region III & Behavioral Health to discuss PH options	3 collaborations formed	5 collaborations formed	Tammie Blaha, Chair, CoC Housing Committee
2. Increase member representation and diversity to better represent homeless and chronic homeless population service providers	<ol style="list-style-type: none"> 1. Improve and expand reporting for law enforcement regarding contact and referrals of homeless persons to shelters or services 2. Track contacts and referrals from police and sheriff's departments 3. Modify outreach policy to allow for conference calls, especially for law enforcement and rural homeless service providers 4. Provide a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18. 	<p>Track O'Neill Sheriff's dept & Ministerial Assoc. contacts and referrals,</p> <p>List of youth-serving emergency & transitional housing facilities provided to the Public Schools homeless liaison</p>	Law enforcement reporting plan available to all entities	All law enforcement agencies in region using common reporting tool	Joni Kuzma, Chair Membership Committee
2. Improve communication among and between the Regional and sub-	1. Personally contact area Housing Authorities to expand their involvement in local and regional CoC's and in long-range planning for PH for chronically homeless	2 new Regional CoC	5 new Regional CoC members	CoC member-	Joni Kuzma, Chair

regional CoC's	<p>2. Collect and distribute sub-regional CoC meeting minutes</p> <p>3. Have each sub-regional Continuum create a flow chart of services and members</p> <p>4. Research feasibility of holding Regional meetings through conference calls to accommodate the very large region</p>	members added	added	ship is inclusive & diverse	Membership Committee
3. Improve discharge policies to ensure seamless service delivery to homeless and chronic homeless	1. Work with organizations who discharge potentially homeless persons to develop appropriate discharge planning	Contact Treatment Centers, jails, Behavioral Health	Work with 2 identified providers who discharge innapropriately	Consistent discharge planning among 10 agencies in region	Nikki Johnston, Chair, Education & Advocacy Committee
4. Increase access of non-English speaking persons to homeless housing & services	1. Identify gaps in services to non-English speaking homeless and chronic homeless persons	Form partnership with Multicultural Coalition	1 designated representative from Latino Community	Coc member-ship is inclusive & diverse	Nikki Johnston, Chair, Education & Advocacy Committee
5. Support Community Transportation expansion efforts	<p>1. Attend Community Transportation meetings</p> <p>2. Participate in strategic planning and identifying needs of homeless and chronically homeless</p>	At least 2 Coc members participate in CTAA marketing grant planning	Active public transportation referral process in place for clients	25% increase in available public transportation in region	Nikki Johnston, Chair, Education & Advocacy Committee

CoC-N

O: CoC Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being discharged from publicly funded institutions or systems of care. Check “Yes” or “No” in each box, as appropriate. *If “Yes” is indicated for “Formal Protocol Finalized” or “Formal Protocol Implemented,” include a brief summary of the formal protocol for each applicable system category. Your response in this section should take up less than 2 pages.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No
Health Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No
Corrections	<input type="checkbox"/> Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No

Foster Care: State policy addresses discharge from state foster care, out-of-home care, and general custody. A Policy and Procedures Manual guides the work of Protection and Safety. Discharge planning protocols seek to ensure a smooth transition from wardship to community living, connecting youth to needed community supports, while recognizing the strengths and needs of the ward. The protective service worker plan ensures that the youth continues to receive supported living into adulthood (the age of majority, which is 19) and reflects the need for any continuity of programmed services, such as educational and vocational services. The Transitional Plan to Adult Living through the school district is to be used for those receiving special education services. Wards with other mental or physical disabilities are linked to specialized support services to make the transition to living within the community. While a case is closed when the ward/youth reaches the age of majority, the youth should maintain significant relationships and be connected to future case management when warranted. (The State Policy & Procedures Manual is currently under revision. (5/2006)

The P.A.L.S. program facilitated by Central Plains Center for Service contracts with the State of Nebraska to provide transitional housing for persons age 18-21 coming out of foster care through a housing voucher program.

Health Care:

There is some degree of communication between area drug and alcohol treatment centers and homeless housing providers prior to discharge from private facilities. In one north central community, on-going dialogues continue to take place regarding the discharge policies of a particular privately-run drug and alcohol treatment center.

Mental Health: When an individual is committed to a State Regional Center, the discharge planning process starts. The goal is to return the individual to the community and the appropriate level of housing and needed services (if required). All planned discharges include appropriate housing and community services. The Nebraska Housing Related Assistance Program, authorized under Neb. Rev. Stat. 71-812(3) and consistent with the intent of Nebraska’s Behavioral Health Reform, is to help those who are experiencing extreme housing burden. To be eligible, the adult has a serious mental illness; an Individual Service Plan with a goal of independent living; has HHSS Authorized Behavioral Health Services; has documented efforts to fully exhaust local options available in seeking rental assistance administered by local housing authorities and/or other entities; is Extremely Low Income; and (f) meets one of the following criteria: is discharged from an inpatient

mental health commitment; is eligible to move from a residential level of care to independent living to make room for a person being discharged from an inpatient mental health commitment; is at risk of an inpatient mental health commitment, at least in part because of lack of affordable independent housing.

The Bridge Rental Program, implemented in July 2005 through Legislative Bill 1083, is facilitated by the six Nebraska Behavioral Health Regions. For this region, housing vouchers are available to eligible clients in all 22 counties in North Central Nebraska.

Corrections: Case managers are responsible for conducting discharge planning for assigned caseloads. The intent of discharge planning is to prepare the inmate for release and transition to the community. As much as possible, inmates are encouraged to enroll in the pre-release program; this is mandatory for NE Corrections Youth Facility inmates. The discharge plan consists of educational or vocational goals, a housing plan, consideration of behavioral health plan for a continuum of care upon release. The plan is revised at regular interviews. The final discharge plan is completed to those discharging without the benefit of parole at least 90 days prior to discharge. This final plan reviews the reasons for discharge without parole and is used to aid the transition into the community. Each facility must develop procedures for coordinating community resources to assist in the final discharge plan. Written procedures are in place for releasing inmates. (Last revised 5/18/2005.)

Execution of a comprehensive discharge plan through coordination of prisons, parole and Health and Human Services. Develop and implement a written policy and procedure to have case workers identify and arrange for/refer to needed community support services to maintain housing. Additional tracking implemented through the Nebraska Homeless Assistance Program.

CoC-O

P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	X	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	X	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	X	<input type="checkbox"/>
Jurisdictional 10-year Plan Coordination		
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	<input type="checkbox"/>	X
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		
Policy Academy* Coordination	YES	NO
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	X	<input type="checkbox"/>
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	X	<input type="checkbox"/>
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	<input type="checkbox"/>	X
Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	X	<input type="checkbox"/>
Coordination with State Education Agencies		
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	<input type="checkbox"/>	X

*A State Policy Academy is a state-level process designed to help state and local policymakers improve access to mainstream services for people who are homeless. For more information about getting involved in a State Policy Academy, see <http://www.hrsa.gov/homeless>.

CoC-P

CoC 2006 Funding Priorities

Q: CoC Project Priorities Chart

For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name:*						CoC #:			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
Central Nebraska Community Services	Central Nebraska Community Services	THRIVES	1	193,864	1		TH		
Central Nebraska Community Services	Central Nebraska Community Services	SHP-Hall County	2	127,085	1		SSO		
			3						
			4						
			5						
			6						
(8) Subtotal: Requested Amount for CoC Competitive Projects:***				\$ 320,949					
(9) Shelter Plus Care Renewals:****						S+C Component Type**			
			7		1				
			8		1				
			9		1				
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$					
(11) Total CoC Requested Amount:				\$ 320,949					

CoC-Q

*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

**Place the component type (PH, TRA etc.) under the appropriate program for each project in column 7.

***The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart.

****For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please **do not** restart S+C project priority numbering from 1.

R: CoC Pro Rata Need (PRN) Reallocation Chart

(Only for Eligible Hold Harmless CoCs)

CoCs that receive the 1-year Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2006 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These new project(s) may be for SHP, S+C, and Section 8 SRO projects and their respective eligible activities.

Advisory Warning: According to the CoC competitive process, a CoC that scores below the initial funding line will not have the new projects on this chart funded. As such, the reallocated funds that had been used for renewals would no longer be available to the CoC.

1. Will your CoC be using the PRN reallocation process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					
2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2006, which amount you have verified with your field office:				<i>Example:</i> \$530,000	\$
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing projects, and enter the remaining amount: (In this example, the amount proposed for new PH projects is \$140,000)				<i>Example:</i> \$390,000	\$
4. Enter the Reduced or Eliminated Grant(s) in the 2006 Competition					
(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
<i>Ex:</i> MA01B300002	SHP	TH	\$100,000	\$60,000	\$40,000
<i>Ex:</i> MA01B400003	SHP	SSO	\$80,000	\$80,000	\$0
(7) TOTAL:					
5. Newly Proposed Permanent Housing Projects in the 2006 Competition					
(8) 2006 Project Priority Number	(9) Program Code	(10) Component	(11) Transferred Amounts		
<i>Example:</i> #5	SHP	PH	\$90,000		
<i>Example:</i> #12	S+C	TRA	\$50,000		
(12) TOTAL:					

CoC-R

S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do **not** add any rows). Provide information **only** for contributions for which you have a **written commitment in hand at the time of application**.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
<i>Example:</i> River County CoC	\$10,253,000

CoC-S

T: CoC Current Funding and Renewal Projections Chart

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:														
Type of Housing			All SHP Funds Requested (Current Year)		Renewal Projections									
			2006		2007		2008		2009		2010		2011	
Transitional Housing (TH)			193,864		193,864		193,864		193,864		193,864		193,864	
Safe Havens-TH														
Permanent Housing (PH)														
Safe Havens-PH														
SSO			127,085		127,085		127,085		127,085		127,085		127,085	
HMIS														
Totals			320,949		320,949		320,949		320,949		320,949		320,949	
Shelter Plus Care (S+C) Projects:														
Number of Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections										
		2006		2007		2008		2009		2010		2011		
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1														
2														
3														
4														
5														
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	

Part IV: CoC Performance

U: CoC Achievements Chart

Enter the goals and action steps that you that you listed on your 2005 CoC application and briefly describe measurable achievements in the past 12-months. The information provided in the first two columns should be the same as provided in the 2005 CoC application. Add rows as needed.

Goals	Action Steps	Measurable Achievements
Chronic Homelessness Goals		
1. Enhance case coordination efforts	1a. Implement HMIS data collection process, 1b. Identify and secure resources for homeless persons 1c. Continue case coordination	1a. No new HMIS users added but CoC voted the 2006 SuperNOFA project priority to include funding to help pay for licensing of current users, 1b. Expanded responsibilities of CoC housing committee to explore local permanent housing options and worked with Technical Assistance advisory in developing a 12-18 month strategic plan 1c. Housing committee chose priority of researching local housing options for permanent supportive housing based on this identified gap in service to chronically homeless
2. Build stronger relationships with community leaders and local government	2a. Make personal contacts to educate and increase awareness on issues of homelessness, housing and the work of the Continuum, 2b. Invite participation on Continuum	2a. City of Grand Island and homeless housing provider, Hope Harbor, collaborated on a CDBG funded, Homelessness and Homeless Housing study, which is $\frac{3}{4}$ complete at this time, 2a. Regional Continuum voted to rotate meetings throughout region to increase attendance and improve visibility 2b. CoC members participated in community Transportation committee and a \$60,000 Transportation grant was awarded to Grand Island for transportation development and marketing
3. Document and track number of unserved homeless and their needs	3a. Annually assess information collected on unmet needs 3b. Modify program practices, secure new resources, etc. to	3a. Point in Time survey completed in Jan. 2005, 3b. Adopted by-laws, organizational chart, executive/standing committee

	address the needs of the hard-to-reach/ population	roles and responsibilities chart, revised public outreach policy in Jan. 2006.
4. Seek funding to assist persons with mental illness obtain services	4a. Establish needs, collect specific data 4b. Pursue new and expanding existing resources 4c. Increase advocacy at all levels to promote services for the mentally ill	4a. Point in Time survey completed in Jan. 2005, 4b. CoC Housing sub-committee directed to explore local permanent supportive housing options, potential partners and existing resources 4c. Region III representative joined Regional CoC in 2005, attended several meetings and updated membership about their services to SMI persons
5. Seek funding to assist persons with drug/alcohol issues obtain services	5a. Establish needs, collect specific data 5b. Pursue new and expand existing resources 5c. Increase advocacy at all levels to make available more treatment and aftercare services for persons suffering addictions	5a. Point in Time survey completed in Jan. 2005, 5b. CoC Housing sub-committee directed to explore local permanent supportive housing options (specifically Shelter + Care), potential partners and existing resources 5c. Region III representative joined Regional CoC in 2005, attended several meetings and updated membership about their services to SMI persons
6. Address capacity and access to affordable, flexible transportation	6a. Acquire information on how much agencies are paying for travel costs for clients 6b. Assess plan to incorporate funding into one source to avoid duplication and provide easier accessibility 6c. Develop strategies on affordable and accessible transportation 6d. Meeting on individual assessment and developing priorities and action plan	6a. Community Transportation committee completed a partial asset inventory of existing transportation costs of service agencies 6b. Hope Harbor, as a member of the Community Transportation committee, hired an Americorp staff person to work on the incorporation plan to decrease duplication and improve access 6c. CoC members participated in community Transportation committee and a \$60,000 Transportation grant was awarded to Grand Island for transportation development and marketing 6d. Three community meetings held to gather general public input into planning

Other Homelessness Goals		
1. Organization & Structure to Implement Plan to End Homelessness	<p>1a. Create a sustainable structure to monitor and ensure implementation of the strategic plan</p> <p>1b. Create a sustainable financial structure to support activities of the planning group,</p> <p>1c. Strengthen existing sub-regional organizational structures</p> <p>1d. Develop a system that ensures ongoing identification and access of funding opportunities to attract additional resources for plan implementation strategies,</p> <p>1e. Assess impact of behavioral health reform and other relevant legislation and provide input to policymakers on potential strategies to achieve successful outcomes and mitigate undesirable outcomes (e.g. increased homelessness, less effective service delivery,)</p> <p>1f. Embed cultural competency in the overall planning process</p>	<p>1a. Met with and held multiple telephone conferences with a with Technical Advisors, Dennison Associates</p> <p>1b. Formed Exhibit 1/SuperNOFA sub-committee under the Housing Committee to explore funding options, <i>Could not project needs on Chart T for future funds because the Regional Continuum has not yet applied for Shelter Plus + Care funding. A new S + C program application will be submitted in 2007 to establish permanent supportive housing in the Region.</i></p> <p>1c. CoC by-laws, organizational chart, roles and responsibilities chart and public outreach policy adopted in January 2006; Increased communication between Regional and sub-regional groups</p> <p>1d. North Central Continuum is represented on the Statewide Commission on Housing and Homelessness where funding sources are discussed and identified</p> <p>1e. Speakers from Region III Behavioral Health attended Regional CoC meeting with an update about the transition of clients from Regional Centers to community-based housing/services</p> <p>1f. Reviewed & updated all Regional CoC policies for cultural competency</p>
2. Increase appropriate housing and supportive services options	<p>2a. Establish a Supportive Housing Committee</p> <p>2b. Determine/assess the need for affordable and appropriate housing for identified</p>	<p>2a. Housing Committee formed in January 2006, new members added in March and April, Committee responsibilities outlined</p> <p>2b. Point-in-Time Survey completed January 2005; Housing Committee to address needs/gaps</p>

	<p>subpopulations ensuring cultural competency in the process and housing arrangements,</p> <p>2c. Assess the distribution and utilization of housing vouchers in the region,</p> <p>2d. Research various housing models</p> <p>2e. Identify funding sources relating to various housing options, including funding for support services (for supportive housing),</p> <p>2f. Engage agencies to prioritize Chronic Homeless</p> <p>2g. Explore development of housing options as part of the Behavioral Health Reform Plan,</p> <p>2h. Develop and maintain the capacity to track inventory of local resources for affordable rental housing,</p> <p>2i. Explore best practices</p>	<p>2c. Region III representative joined Regional CoC in 2005, attended several meetings and updated membership about their services to SMI persons;</p> <p>2d. Regional CoC directed Housing Committee to research permanent supportive housing projects (i.e. Shelter Plus Care)</p> <p>2e. SuperNOFA identified as funding source for other housing options, Continuum agrees to research programs to seek funding in 2007 for permanent supportive housing</p> <p>2f. Regional CoC voted in Jan. 2006 to research permanent supportive housing for chronically homeless. All members agreed to make it a priority.</p> <p>2g. Regional CoC voted in Jan. 2006 to research permanent supportive housing for chronically homeless. All members agreed to make it a priority. Goodwill Services constructed new 10-unit apartment building constructed for seriously mentally ill persons. Will explore similar collaborative option for PH for CH.</p> <p>2h. Promoted new housing tracking website to CoC members (socialserve.com)</p> <p>2i. Technical Advisor, Dennison Associates provided information to the Continuum about successful housing programs in other cities nationwide</p>
3. Increase access to mainstream resources	3a. Establish mainstream resources committee,	3a. Exhibit 1 sub-committee compiled mainstream resources list in data base

	<p>3b. Provide a directory of mainstream services with eligibility requirements and contact information (for use by service providers),</p> <p>3c. Identify barriers and gaps of services for identified subpopulations ensuring cultural competency in the process and accessing mainstream services,</p> <p>3d. With oversight of statewide initiatives, develop “hands-on” systems for accessing mainstream resources by identified subpopulations ensuring cultural competency in the process and the accessing of mainstream services,</p> <p>3e. Explore best practices/models to fill gaps in services,</p> <p>3f. Identify funding sources and opportunities for coordinating services to fill gaps for persons who are homeless,</p> <p>3g. Increase training and employment opportunities for identified subpopulations, ensuring cultural competency in the process and in the accessing of mainstream services by those who will not be employed,</p>	<p>3b. 211 help line available throughout region; local SFMC resource directory available to providers; other local directories available within region</p> <p>3c. Two CoC planning meetings were specific to overcoming barriers & gaps in services, as related to the goals adopted in Jan. 2006.</p> <p>3d. Five agencies renewed HMIS user licenses during past 12 months</p> <p>3e. Technical Advisory, Dennison Associates, provided information to the Continuum about successful housing programs in other cities nationwide that may be appropriate for this region</p> <p>3f. Technical Advisor, Dennison Associates, presented HUD funded and other resources at the Dec. 2005 CoC meeting; info available in written report</p> <p>3g. Coordinated technical assistance for clients with area employment agencies</p>
4. Prevention & Discharge Policies	<p>4a. Research various housing models to use in discharge planning for identified subpopulations ensuring cultural competency in the discharge process,</p> <p>4b. Explore and address Public Housing Authority eligibility and barriers for the identified subpopulations ensuring cultural</p>	<p>4a. Technical Advisory, Dennison Associates, provided information to the Continuum about successful housing programs in other cities nationwide that may be appropriate for this region</p> <p>4b. Public Housing police officer (grant funded through Grand Island Police Department) attended 3 meetings in past 12-months & serves</p>

	<p>competency in the discharge process,</p> <p>4c. Create successful transition through labor and employment policy for identified subpopulations ensuring cultural competency in the discharge, labor and employment process,</p> <p>4d. Include landlord/tenant mediation for eviction prevention in case management services for identified subpopulations ensuring cultural competency,</p> <p>4e. Address discharge planning for youth transitioning from foster care and Youth Rehabilitation Training Centers for identified subpopulations ensuring cultural competency in the process</p>	<p>as liaison between the Housing Authority & the CoC</p> <p>4c. Coordinated technical assistance for clients with area employment agencies (i.e. NAF, Workforce Development One-Stop, Voc Rehab)</p> <p>4d. Landlord Tenant Law & Grand Island Renters' Guide printed in English, Spanish and Neur, distributed to CoC members throughout region</p> <p>4e. Central Plains Center for Service has become the area provider for this type of discharge planning</p>
5. Cultural Competency	<p>5a. Establish Cultural Competency Subcommittee,</p> <p>5b. Share existing good/best practices of education and awareness (CoC, PHA, and others) (Internal),</p> <p>5c. Enhance awareness and cultural competency by providing culturally based training n subpopulation issues. Access to mainstream services is improved by identifying and implementing culturally based approaches and treatment modalities currently used in Nebraska and the nation,</p> <p>5d. Increase understanding and knowledge of cultural and linguistic competence by conducting public education and awareness regarding stigma reduction around populations who are homeless (external),</p> <p>5e. Assist individuals and</p>	<p>5. Regional CoC Membership Committee responsibilities updated in March 2006, Committee directed to contact various cultural entities in the next 12 months to explain the Coalition and invite them to participate in Coalition planning and to create a comprehensive action plan.</p>

	<p>organizations in developing skill sets that apply knowledge of cultural and linguistic competence,</p> <p>5f. Evaluate and monitor effectiveness of culturally competent goals/strategies/ action steps</p>	
6. Data Collection and Evaluation	<p>6a. Identify measures needed to assess strategic plan,</p> <p>6b. Create reporting process, i.e. CoC to NCHH and NCHH to CoC,</p> <p>6c. Successfully implement HMIS and Point in Time data management system</p> <p>6d. Utilize data collected to assist the regional Continuum and sub-regional with planning, policy formation and the pursuit of funding</p>	<p>6a. Worked with Dennison Associates as Technical Advisor to begin process of creating a strategic plan and the action steps needed to achieve plan goals</p> <p>6b. Nebraska Health & Human Services representative to the Nebraska Commission on Housing and Homelessness (NCHH) reports to project sponsors.</p> <p>6c. Five CoC agencies are licensed HMIS users; PIT administered in Jan. 2005</p> <p>6d. Technical Advisor, Dennison Associates, reviewed data to assist CoC with planning, policy formation and pursuing funding</p>

CoC-U

V: CoC Chronic Homeless (CH) Progress Chart

This chart should be based on January 2006 point-in-time counts. For further instructions in filling out this chart, please see the Instructions section.

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	<i>Example:</i> 90	45					
2005	<i>Example:</i> 82	50					
2006	<i>Example:</i> 75	60	10	\$15,480	\$31,420	\$40,350	\$12,750
2004	Undocumented	0					
2005	27	0					
2006	27	0	0	\$	\$	\$	\$
(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).							
<p>The Point in Time survey for the North Central Nebraska Regional CoC is conducted biennially so will not be completed again until January 2007. There are NO new numbers for 2006.</p>							

CoC-V

W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate box in the chart.

1. Participants in Permanent Housing		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
X	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
X	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	24
b.	Number of participants who moved to PH	21
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	88 %

CoC-W

X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
<input type="checkbox"/>	<u>All</u> non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
<i>Example:</i> 105	a. SSI	40	38.1%
<i>Example:</i> 105	b. SSDI	35	33.3%
59	a. SSI	1	1%
59	b. SSDI	2	3%
59	c. Social Security	0	0%
59	d. General Public Assistance	0	0%
59	e. TANF	9	21%
59	f. SCHIP	42	63%
59	g. Veterans Benefits	1	1%
59	h. Employment Income	50	75%
59	i. Unemployment Benefits	0	0%
59	j. Veterans Health Care	0	0%
59	k. Medicaid	21	31%
59	l. Food Stamps	14	21%
59	m. Other (please specify) Child Support	7	10%
59	n. No Financial Resources	2	3%

CoC-X

Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC systematically helps homeless persons identify, apply for and follow-up to receive benefits under **SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.** Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input type="checkbox"/>	The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input type="checkbox"/>	The CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

CoC-Y

Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
Example: MI23B901002	Michiana Homes, Inc.	TH for Homeless	\$514,000
N/A			
		Total:	

CoC-Z

AA: CoC Participation in Energy Star Chart

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: <http://www.energystar.gov>.

Have you notified CoC members of the Energy Star initiative? X Yes ☐ No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: N/A %

CoC-AA

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	X
2. If you answered yes to Question 1: Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
3. If you answered yes to Question 2: What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? Check all that apply: <input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates. <input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc. <input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities. <input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"*** in all solicitations and contracts.		
<p>*A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; <u>or</u> evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided.</p> <p>**The "Section 3 clause" can be found at 24 CFR Part 135.</p>		

CoC-AB